STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000236	A. BUILDING: _____ B. WING _____	C 11/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE OF OAK LAWN EAST	9401 SOUTH KOSTNER AVENUE OAK LAWN, IL 60453

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Statement of Licensure Violations Complaint# 1595951/IL81156 300.1210d)3)	S 000		
S9999	Final Observations Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. These Requirements Were Not Met As Evidenced By: Based on interview and record review the facility failed to complete neurological assessment following a fall with a head injury, failed to complete a readmission assessment after hospitalization and delayed evaluation and treatment for change of condition for one of three residents (R1), reviewed for falls, in the sample of six. Findings Include: R1 was admitted to the facility March 2015 with	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1 diagnoses that include cerebral artery occlusion with infarction, aphasia, hypertension and hemiplegia. R1's Physician Order Sheet indicates that R1 was receiving blood thinners for a history of cerebral vascular accidents. R1's incident report dated 3/17/15 indicates that R1 was observed lying face down on the floor in front of her specialized wheelchair in her room. R1's incident report indicates that there were no visible injuries noted but R1 stated she hit her head and was transferred to the emergency room for evaluation. R1's computated tomography scan of the head or brain dated 3/17/15 indicates that R1 was diagnosed with a new small to moderate left inferior frontal scalp/subgaleal hematoma, soft tissue injury without underlying skull fracture or acute intracranial hemorrhage. R1's Physician order sheet indicates that R1 was receiving blood thinners at the time of the fall on 3/17/15. R1's hospital records dated 5/24/15 indicates that R1 was discharged to the facility after hospitalization. R1's facility assessments do not include an admission/readmission assessment on 5/24/15. There is no documentation to support R1's baseline condition upon readmission on 5/24/15. R1's neurological evaluation orders include every 30 minutes times four, one neurological evaluation times 1 hour, one neurological assessment 6 hours later and a final neurological assessment 7 hours later. R1's neurological	S9999		

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S9999	Continued From page 2	S9999		

evaluation was incomplete as the facility could not provide documentation of a full 72 hour neurological assessment as per facility policy.

The facility's neurological evaluation policy dated 3/2010 indicates that staff must perform neurological evaluation following an unwitnessed fall (when a head injury may be suspected). The policy also indicates that after the completion of the initial neurological evaluation with vital signs, continue evaluations every 30 minutes times four, every 1 hour times four and then every 8 hours times 9 (for the next 72 hours). This policy was not followed.

R1's progress note dated 5/26/15 indicates that R1 was sent to the hospital after the family noticed that R1 was not talking while at the bedside at 3:50 pm. R1's progress note indicates that R1 was not eating very much and had not spoken at all. The progress note indicates that R1 was noted to laugh out loud with no grimace of laughter on her face.

On 11/5/15 at 1:17 pm E3 (Director of Nursing) stated that there is no further documentation for R1's neurological assessments.

On 11/9/15 at 8:25 am E5(Registered Nurse) stated that when a resident has a fall with a head injury neurological assessments are done every two hours. E5 stated that neurological assessments are assessed for 1 week.
On 11/9/15 at 8:30am E6 (Nurse Supervisor) stated that when a resident has a fall with a head injury neurological assessments should be done every 30 minutes times four, every 1 hour times four and every eight hours for 72 hours after the injury.

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S9999	Continued From page 3 On 11/9/15 at 8:55 am E7 Licensed Practical Nurse (LPN) stated that neurological assessments are done for 72 hours following a head injury. On 11/5/15 at 11:25 am E4 Registered Nurse (RN) stated that on 5/25/15 R1's appetite was decreased, she would only stare and laugh. E4 stated that she had cared for R1 previously and noted that R1 would talk appropriately. E4 stated that R1 did not eat breakfast or lunch well on 5/25/15. E4 stated that she works 7:00 am - 3:30 pm and R1's physician was notified of R1's change in condition at the end of the shift and R1 was sent out to the hospital. R1's progress note dated 5/26/15 was a late entry from 5/25/15. R1's vital signs summary does not include heart rate, temperature or respirations for the date of 5/25/15 when R1 was sent to the hospital. R1's vital signs summary includes vital signs for 5/26/15 when R1 was not in the facility. R1's medical record does not include a complete assessment of R1's condition on 5/25/15 before R1 was sent out to the hospital. On 11/5/15 at 1:17pm E3 Director of Nursing stated that R1's re-admission assessment on 5/24/15 was not completed. E3 stated that R1's assessment should have been done. On 11/9/15 at 8:25 am E5(RN) stated that residents have an assessment upon admission and re-admission to establish a baseline for the resident ' s condition. E5 stated that if a resident has a change in condition the physician should be notified right away.	S9999		

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S9999	Continued From page 4 On 11/9/15 at 8:30 am E6 Nurse Supervisor stated that residents are assessed the same on admission as on re-admission. E6 stated that the physician should be notified right away for resident change of condition. On 11/9/15 at 8:55 am E7 stated that residents are assessed on admission and re-admission to see how they are medically. E7 stated that the physician should be notified right away for resident change of condition. The facility's requirements and guidelines for clinical record content dated 2015 indicate the progress note are electronically documented in the EHR (electronic health record) to reflect the patient's condition, significant care issues, response to treatment and changes in condition and treatment. (B)	S9999		